



BOARD OF SUPERVISORS

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First District

**Yvonne Brathwaite Burke**  
Second District

**Zev Yaroslavsky**  
Third District

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Fourth District

**Michael D. Antonovich**  
Fifth District

**THOMAS L. GARTHWAITE, M.D.**  
Director and Chief Medical Officer

**FRED LEAF**  
Chief Operating Officer

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
313 N. Figueroa, Los Angeles, CA 90012  
(213) 240-8101

January 22, 2004

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF A GRANT FROM UNIHEALTH FOUNDATION AWARDED  
TO VAUGHN SCHOOL-BASED HEALTH CENTER**  
(3<sup>rd</sup> District) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services, or his designee, to sign a Grant Agreement, Exhibit I, from the UniHealth Foundation, in the amount of \$490,413, to provide financial assistance to the Vaughn School-Based Health Center operated by the Department of Health Services' ValleyCare Olive View-UCLA Medical Center, for the period of December 1, 2003 through November 30, 2006.
2. Authorize the Department of Health Services to fill two (2) funded positions, in excess of that which is provided for in the Department's staffing ordinance pursuant to Section 6.06.020 of the County Code, pending allocation by the Department of Human Resources. The requested positions are: (1) Licensed Vocational Nurse II and (1) Nurse Practitioner. These positions are in accordance with the Vaughn School-Based Health Center budget.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:

Acceptance of the Grant Agreement (GA) from the UniHealth Foundation (UniHealth) in the amount of \$490,413 and authorizing the addition of two (2) funded positions (one Licensed Vocational Nurse II and one Nurse Practitioner), will support the Vaughn School-Based Health Center (Vaughn SBHC) to continue primary care health services to students and their siblings at the Vaughn Next Century Learning Center.

FISCAL IMPACT/FINANCING:

The total grant award provided by the UniHealth GA is \$490,413, for the period of December 1, 2003 through November 30, 2006. The amount of \$163,471 will be paid annually for three years, contingent upon receipt of satisfactory yearly progress reports. Funding was not included in the Fiscal Year 2003-04 Adopted Budget but will be requested in future fiscal years.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

In November 2000, ValleyCare as part of a safety-net system within the Department of Health Services (Department), began operation of the Vaughn SBHC on the campus of Vaughn Next Century Learning Center. This school-based clinic provided comprehensive primary care services to school students and their siblings up to the age of 18. The presence of the clinic on school grounds minimized time away from classroom learning, ensured that students arrived safely to the clinic and allowed for timely medical assessments. Students were seen for routine, preventive and episodic care.

On June 26, 2002, the Board of Supervisors voted to instruct the Department to prepare Beilenson notices and schedule hearings to implement the immediate service reductions contained in the Department's recommendations regarding the reconfiguration of the County-operated health care delivery system. These reductions included the four County operated school-based health centers. The Vaughn SBHC closed on September 30, 2002.

On October 29, 2002, the Board of Supervisors authorized the Department to accept L.A. Care grant funds and approved an appropriation adjustment that would allow the Vaughn SBHC to resume operation effective January 1, 2003. No new positions were added to ValleyCare's budget. The L.A. Care grant monies allowed for the reassigning of existing staff from the San Fernando Health Center (SFVHC) to the Vaughn SBHC for a one year period through December 31, 2003.

On June 1, 2003, ValleyCare OVMC applied for a grant from UniHealth (Exhibit II) to maintain these essential school-based primary health care services at the Vaughn SBHC. On November 6, 2003, OVMC was notified that they were awarded a grant in the amount of \$490,413, effective December 1, 2003 through November 30, 2006.

Due to the increase in the service delivery needs at the SFVHC, the Department can no longer pull away existing staff to handle the duties and responsibilities at Vaughn SBHC. The two recommended nursing positions will be used to maintain the current level of direct patient care services at the clinic.

The Department has requested that the Auditor-Controller establish a charitable trust fund as required under the terms and conditions of the GA from UniHealth.

The GA does not impact the DHS System Redesign since funds come from UniHealth.

County Counsel has reviewed and approved the GA, Exhibit I, as to use.

Attachment A provides additional information.

Attachment B is the Grant Management Statement required by the Board for all grant awards exceeding \$100,000.

CONTRACT PROCESS:

Advertisement on the Los Angeles County Online Web Site as a contracting opportunity is not appropriate.

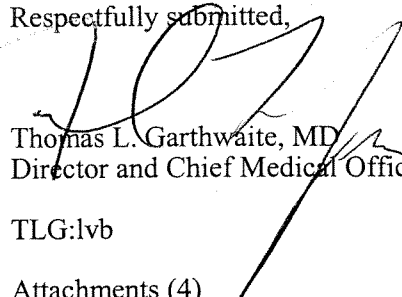
IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of the recommended action will provide financial assistance to the Vaughn SBHC and enable a greater number students at Vaughn Next Century Learning Center and their siblings to have effective access to primary health care services.

The Honorable Board of Supervisors  
January 22, 2004  
Page 3

When approved, this Department requires four signed copies of the Board's action.

Respectfully submitted,



Thomas L. Garthwaite, MD  
Director and Chief Medical Officer

TLG:lvb

Attachments (4)

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors

BLTCD3130\_LVB

**SUMMARY OF GRANT AGREEMENT**  
(UniHealth Foundation)

1. TYPE OF SERVICE:

The Vaughn School-Based Health Center provides primary care health services to students and their siblings at the Vaughn Next Century Learning Center that consists of episodic care to students with acute or semi-acute conditions and preventive health services such as immunizations, physical exams, follow-up care for previously diagnosed conditions. Ancillary medical services including laboratory, radiology and physical and occupational therapy are provided as well. For specialty medical services students are referred to a comprehensive health center, health center or hospital within ValleyCare catchment area.

2. AGENCY ADDRESS AND CONTACT PERSON:

Mary Odell, President  
UniHealth Foundation  
5959 Topanga Canyon Boulevard  
Woodland Hill, California 91367  
Telephone: (818) 888-4090  
Facsimile: (818) 888-4094

3. TERM:

December 1, 2003 through November 30, 2006.

4. FINANCIAL INFORMATION:

The Grant Agreement from UniHealth Foundation is in the amount of \$490,413 and will provide financial assistance to the Vaughn School-Based Health Center, operated by the Department of Health Services' ValleyCare Olive View-UCLA Medical Center (OVMC), for the period of December 1, 2003 through November 30, 2006. The amount of \$163,471 will be awarded annually, contingent upon receipt of satisfactory yearly progress reports.

5. GEOGRAPHIC AREA TO BE SERVED:

3<sup>rd</sup> District.

6. ACCOUNTABLE FOR MONITORING AND EVALUATION:

Carla Niño, Assistant Administrator, ValleyCare OVMC.

7. APPROVALS:

ValleyCare OVMC:	Melinda Anderson, CEO
Contract Administration:	Diana Sayler, Interim Chief
County Counsel (as to form):	Robert E. Ragland, Senior Deputy County Counsel

**Los Angeles County Chief Administrative Office  
Grant Management Statement for Grants Exceeding \$100,000**

Department: Health Services

Grant Project Title and Description: Vaughn School-Based Health Center

The Vaughn School-Based Health Center provides primary health care services to students of Vaughn Next Century Learning Center and their siblings. The grant is to be used for staff salaries to sustain services for this underserved student population.

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
UniHealth Foundation	#520	

Total Amount of Grant Funding:	\$490,413	County Match Requirements	0
Grant Period:	3 years	Begin Date:	December 1, 2003
		End Date:	November 30, 2006
Number of Personnel Hired Under this Grant:		Full Time	2
		Part Time	

**Obligations Imposed on the County When the Grant Expires**

Will all personnel hired for this program be informed this is a grant funded program? Yes X No       

Will all personnel hired for this program be placed on temporary ("N") items? Yes X No       

Is the County obligated to continue this program after the grant expires Yes        No X

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services Yes        No X

b). Identify other revenue sources Yes X No       

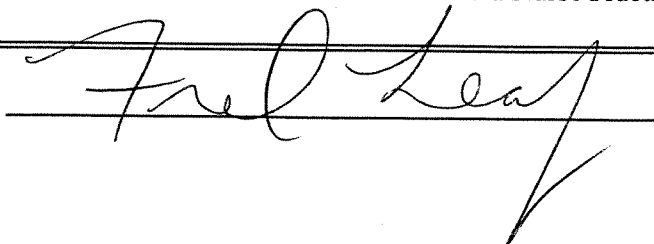
(Describe) We will identify resources to which patients/families are eligible and increase the CHDP reimbursement. The clinic is being licensed by the state and can then be certified as a CHP site which will enable ValleyCare to generate Medi-Cal and Healthy Families revenue. Other grant opportunities will be explored in collaboration with Vaughn Next Century Learning Center administration.

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant. Yes X No       

Impact of additional personnel on existing space: The clinic is located on the Vaughn Next Century Learning Center campus at zero County cost.

Other requirements not mentioned above A budget adjustment will be necessary to authorize hiring a Licensed Vocational Nurse II and a Nurse Practitioner, on a full time basis.

Department Head Signature



Date 1/20/04



▲People First, Quality Always▲

November 14, 2003

Yvonne Chan, Ph.D.  
Vaughn Next Century Learning Center  
13330 Vaughn Street  
San Fernando, California 91340

Dear Dr. Chan:

We received the enclosed agreements from UniHealth. This grant will allow us to support the Vaughn School-Based Health Center. I have signed both copies of the agreement. After you sign them, please return both copies to me for disposition and forwarding to UniHealth. I look forward to continuing our mutually beneficial relationship.

Sincerely,

Melinda Anderson  
Chief Executive Officer

MDA:Sld

Cc: Carla Niño ✓



November 6, 2003

Ms. Melinda Anderson  
Chief Executive Officer  
Olive View-UCLA Medical Center  
14445 Olive View Drive  
Sylmar, CA 91342-1495

Reference: 520

Dear Ms. Anderson:

The Directors of UniHealth Foundation have considered your request for funding and are pleased to award Olive View-UCLA Medical Center a restricted grant in the amount of \$490,413 over three years to provide support for the *Vaughn School Based Health Center*.

This grant is subject to the terms described in the Grant Agreement enclosed herewith. I will have responsibility for this grant and will be your contact person for all communications regarding this grant. Please sign and return one copy of the agreement and retain a second copy for your files. Note that the agreements may be signed in counterpart, for your convenience. Upon receipt of the signed Grant Agreement, we will process your award.

Congratulations on your award. We look forward to working with you on this project.

Sincerely,

Mary Odell  
President



UniHealth

Foundation

2959 Sepanga Canyon Blvd.,

Suite 250

Woodland Hills, CA 91367

Tel: (818) 388-4049

Fax: (818) 388-4049

cc: Yvonne Chan, Vaughn Next Century Learning Center  
Carla Nino, County of Los Angeles Dept. of Health Services



November 6, 2003

Ms. Melinda Anderson  
Chief Executive Officer  
Olive View-UCLA Medical Center  
14445 Olive View Drive  
Sylmar, CA 91342-1495

*Did make a copy for  
our files and  
send original  
to Carla for  
processing HDA 11/12*

Reference: 520

Dear Ms. Anderson:

The Directors of UniHealth Foundation have considered your request for funding and are pleased to award **Olive View-UCLA Medical Center** a restricted grant in the amount of \$490,413 over three years to provide support for the *Vaughn School Based Health Center*.

This grant is subject to the terms described in the Grant Agreement enclosed herewith. I will have responsibility for this grant and will be your contact person for all communications regarding this grant. Please sign and return one copy of the agreement and retain a second copy for your files. Note that the agreements may be **signed in counterpart**, for your convenience. Upon receipt of the signed Grant Agreement, we will process your award.

Congratulations on your award. We look forward to working with you on this project.

Sincerely,

*Mary Odell*

Mary Odell  
President



**UniHealth  
Foundation**

cc: Yvonne Chan, Vaughn Next Century Learning Center  
Carla Nino, County of Los Angeles Dept. of Health Services

5959 Topanga Canyon Blvd.,  
Suite 390  
Woodland Hills, CA 91367  
Tel: (818) 888-4090  
Fax: (818) 888-4094



## UniHealth Foundation

### GRANT AGREEMENT

UniHealth Foundation (hereinafter "Grantor") agrees to make the following Grant to **Olive View-UCLA Medical Center** (hereinafter "Grantee"), and Grantee agrees to accept such Grant in accordance with the terms below and subject to the additional terms and conditions set forth in Exhibit A and made part hereof and makes the representations set forth in Exhibit B attached hereto and made a part hereof.

1. **Grant Number:** 520
2. **Amount of Grant:** \$490,413
3. **Period of Grant:** December 1, 2003 – November 30, 2006
4. **Terms of Payment:**

\$163,471	Contingent upon receipt of signed agreement.
\$163,471	Contingent upon receipt of satisfactory 1-yr Progress Report due 11/30/04.
\$163,471	Contingent upon receipt of satisfactory 2-yr Progress Report due 11/30/05.
5. **Specific Purposes of the Grant:** To be used exclusively for the purpose of providing medically-related and other patient care services in the Grantee's service area, as described in Grantee's proposal dated 4/3/2003 and any amendments thereafter.

**Project Title:** Vaughn School Based Health Center

**Project Description:** School-Based Health Centers (SBHC) represent a unique form of care delivery to children who attend public schools. SBHC operate on the core principle that all children and youth deserve access to quality healthcare regardless of ability to pay. Centers offer universal access and therefore serve many children without access to traditional health insurance sources. As a public sector, integrated health services delivery system, ValleyCare's vision is to serve as a national model for enhancing health and providing education to patients, staff, and community. This award for \$163,471 per year for each of three years (\$490,413 total) is to sustain the SBHC at Vaughn Next Century Learning Center operated by ValleyCare to ensure delivery of accessible healthcare to children and youth.

**UniHealth Foundation**

Executed on behalf of the Grantor and Grantee as follows:

**GRANTOR:**

**UniHealth Foundation**

By \_\_\_\_\_  
Mary Odell, President

Dated: \_\_\_\_\_

**GRANTEE:**

**Olive View-UCLA Medical Center**

By \_\_\_\_\_  
Melinda Anderson,  
Chief Executive Officer

Dated: \_\_\_\_\_

**Vaughn Next Century Learning Center**

By \_\_\_\_\_  
Yvonne Chan, Principal

Dated: \_\_\_\_\_

**(Signed In Counterpart)**

UniHealth Foundation

EXHIBIT A

ADDITIONAL TERMS AND CONDITIONS TO GRANT AGREEMENT

1. Restrictions as to uses of the Grant Proceeds. Grantee will use the full amount of the Grant proceeds solely for the purposes specified in the Grant Agreement and for no other purposes. Any funds not expended or committed for the purposes of the grant within the grant period (or an authorized extension of the grant period) must be returned to the Grantor within 60 days of the close of the grant. This restriction relates to the purposes of the Grant; and, except as provided in paragraph 2, it is the responsibility of the Grantee to select appropriate means by which the Grant proceeds are used solely for such prescribed purposes, whether directly by its own use or by others selected by it. Grantee will use no more than ten percent (10%) of the Grant proceeds for general and administrative expenses that cannot be directly allocated to the programs and services funded by the Grant proceeds under Generally Accepted Accounting Principles, consistently applied.
2. Restrictions with respect to certain areas. Grantee agrees not to use any of the Grant proceeds:
  - a. To carry on propaganda, or otherwise to attempt to influence legislation (within the meaning of Section 501(c)(3) of the Internal Revenue Code);
  - b. To participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office (within the meaning of Section 501(c)(3) of the Internal Revenue Code);
3. Recordkeeping. Grantee agrees to maintain its books and records in such a way that funds from the Grantor will be shown separately on the Grantee's books. Expenditures made by the Grantee in furtherance of the purposes specified in the Grant Agreement must be charged against the Grant. Grantee will maintain records of such expenditures adequate to identify the use of funds for the specified purposes.
4. Reports to Grantor. Grantee shall supply Grantor with the following report or reports:

**1-Yr Progress Report due November 30, 2004.**

**2-Yr Progress Report due November 30, 2005.**

**Final Report due January 5, 2007.**

Reports must show (a) the use of the Grant proceeds based upon the records of the Grantee, detailing all expenditures made from such Grant proceeds, consistent with the approved budget (including salaries, travel, supplies and administrative), and (b) the progress made by the Grantee toward achieving the purpose for which the Grant was made consistent with the evaluation described in the Grant proposal, including: (1) a summary of the project objectives; (2) accomplishments toward achieving those objectives and any changes made during the course of the project in the strategy for

## UniHealth Foundation

accomplishing them; (3) problems encountered and how they were resolved; (4) financial statements showing all grant funds received and expended.

5. Access to Books and Records. Grantor shall, upon request, provide access to its books and records relating to the Grant to the California Attorney General.
6. Charitable Trust: Grantee agrees that grant proceeds received from Grantor are held in charitable trust exclusively for the purposes specified herein.
7. Acknowledgement and Publicity. Grantee must receive approval from Grantor before releasing information about this grant to the press or other news media. Any publication produced by the Grantee that refers to this grant should include an acknowledgment of the Grantor that reads: *Supported by a grant from UniHealth Foundation, a non-profit philanthropic organization whose mission is to support and facilitate activities that significantly improve the health and well being of individuals and communities within its service area.*
8. Grant Termination. Grantor, at its sole option, may terminate the grant at any time if, in the Grantor's judgment, Grantee becomes unable to carry out the purposes of the Grant, ceases to be an appropriate means of accomplishing the purposes of the Grant, or fails to comply with any of the conditions of the grant award.
9. Limitations: It is expressly understood that the Grantor has no obligation to provide other or additional support for this or any other project or purposes.

# UniHealth Foundation

## EXHIBIT B GRANTEE'S REPRESENTATIONS TO GRANTOR

1. Grantee's Status. Grantee is one of the following types of organizations:
  - a. A California nonprofit public benefit corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), because it is described in Section 501(c)(3), that either operates a general acute care hospital licensed under California Health and Safety Code Section 1250, or a supporting organization of such an organization that is also described in Section 501(c)(3) of the code, or
  - b. A political subdivision, instrumentality or agency of the State of California, the County of Los Angeles, the County of Orange, or any city within the County of Los Angeles or the County of Orange, that operates a general acute care hospital licensed under California Health and Safety Code Section 1250, or a supporting organization of such an entity that is described in Section 501(c)(3) of the Code.
2. Grantee's Service Area. Grantee includes within its primary service and serves persons who reside in one or more of the geographic areas within the County of Los Angeles or the County of Orange as defined by one or more of the following U.S. Postal Service ZIP codes:

San Fernando and Santa Clarita	Westside and Downtown L.A.	San Gabriel Valley	Long Beach and Orange County
91303	91001	90026	90241
91304	90003	90027	90620
91306	90004	90028	90621
91307	90005	90029	90623
91311	90006	90031	90630
91316	90007	90032	90631
91321	90008	90039	90638
91324	90011	90041	90650
91325	90015	90042	90680
91326	90016	90065	90701
91331	90017	90640	90703
91335	90018	91006	90706
91340	90019	91007	90712
91342	90020	91016	90713
91343	90024	91042	90715
91344	90025	91107	90716
91345	90026	91108	90720
91350	90034	91201	90723
91351	90037	91202	90740
91352	90043	91203	90802
91354	90044	91204	90803
91355	90045	91205	90804

## UniHealth Foundation

91356	90047	91206	90805
91364	90049	91207	90806
91367	90057	91208	90807
91381	90062	91214	90808
91384	90064	91501	90810
91401	90066	91706	90813
91402	90230	91731	90814
91405	90232	91732	90815
91406	90265	91733	92683
91411	90272	91754	92831
91601	90291	91755	92832
91605	90292	91770	92833
91606	90401	91775	92840
91607	90403	91776	92841
93065	90404	91780	92870
93225	90405	91801	92886
93510		91803	92801
93550			92802
			92804
			92805
			92806
			92807

3. Beneficiaries. The programs and services funded by the Grant proceeds will be provided within the zip codes set forth in Section 2 above.

**UniHealth Foundation****APPLICANT INFORMATION**

Submission Date June 1, 2003

Name of Applicant Organization: ValleyCare Olive View-UCLA Medical Center

Address: 14445 Olive View Dr, Room 2C155

City Sylmar State CA Zip Code 91342

Hospital or Agency CEO: Melinda Anderson Title: CEO

Phone (818) 364-3001 FAX (818) 364-3011 E-mail manderson@dhs.co.la.ca.us

**PROJECT INFORMATION**

Project Title: Vaughn School Based Health Center

**Please provide a one or two sentence description of your project:**

School-Based Health Centers represent a unique form of highly accessible care delivery for students. The ValleyCare School Based Health Center (SBHC) promotes preventive care and offers direct medical services to students and families in Pacoima, a low-income area of the San Fernando Valley.

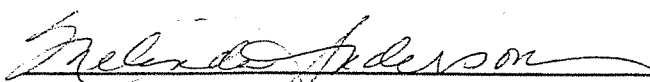
Contact Person for this Project: Carla Nino Title: Assistant Administrator

Phone: (818) 947-4051 Fax: (818) 989-8850 E-mail: cnino@dhs.co.la.ca.us

Amount Requested \$490,413 (Three year funding)

Total Project Budget: Three-year funding at \$163,471 per year for part-time clinical services

Funding Category	Fund applying to	Indicate geographic area(s) served
<input type="checkbox"/> Education <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment	<input checked="" type="checkbox"/> The Hospital Fund <input type="checkbox"/> The General Purposes Fund	<input type="checkbox"/> Long Beach/Orange County <input type="checkbox"/> San Gabriel Valley <input checked="" type="checkbox"/> San Fernando/Santa Clarita Valley <input type="checkbox"/> Westside/Downtown Los Angeles



Signature of Senior Manager/Title

6/1/2003

Date

DEC 19 2003

03:3835

***To facilitate our review, please submit your proposal in a narrative, which follows this outline. Title each section according to the outline. Please number the pages.***

## **I. Proposal Summary**

**Provide a one-paragraph description of your program/project, its purposes, and the amount requested.**

School-Based Health Centers (SBHC) represent a unique form of care delivery to perhaps some of the most vulnerable, yet important populations: children who attend our schools. SBHC operate on the core principle that all children and youth deserve access to quality healthcare regardless of ability to pay. Centers offer universal access and therefore serve many children without access to traditional health insurance sources. As a public sector, integrated health services delivery system, ValleyCare's vision is to serve as a national model for enhancing health and providing education to patients, staff, and community. The goal of this grant request is to sustain the SBHC at Vaughn Next Century Learning Center operated by ValleyCare to ensure delivery of accessible healthcare to children and youth.

## **II. Hospital or Agency Information**

**A. A brief history of your hospital and/or agency, including its mission and a statement of its particular area/s of expertise.**

ValleyCare is part of the safety-net system within the County of Los Angeles Department of Health Services. As of October 1, 2002 it consists of Olive View-UCLA Medical Center, Mid-Valley Comprehensive Health Center, San Fernando Health Center, and Glendale Health Center. Each community-based health center maintains a special responsibility for the care of the medically indigent, low income, uninsured, and those otherwise without access to health care services. ValleyCare provides patient-centered quality health care to all regardless of financial status.

Beginning in 1995, various events impacted the healthcare delivery system in SPA 2. The Department's budget crisis and the County's Section 1115 Waiver required a 50% increase in ambulatory care access and a reduction in the inappropriate use of hospital-based services. The state required Medi-Cal recipients in mandatory categories to enroll in managed care plans. Private and public organizations were increasing their reliance on managed care insurers to reduce healthcare costs. Implementation of the Disproportionate Share Hospital program made provision of inpatient services to Medi-Cal patients lucrative for the private sector.

At that time, the core ValleyCare strategy was the integration of county services, individual providers, public agencies, community-based clinics, community groups, other agencies, and HMOs. ValleyCare linked its directly operated resources to each other in a way that facilitated timely, appropriate patient-centered care. The clinical program at ValleyCare health centers was redesigned by shifting hospital-based resources to deliver full scope community-based primary care for adults, women, and children.



While ValleyCare took critical steps to transform from a hospital-based, sick care delivery system to a community-based, vertically integrated health delivery network, it continued to be vigilant in finding ways to achieve the goals set forth in the 1115 Federal Waiver.

In light of the changing methods of providing health care to the community, ValleyCare updated its mission statement, stressing as its focus the promotion of the health of the community served through the provision of high quality, cost effective, comprehensive, coordinated care as well as the provision of an efficient and professional environment for health care training and research. As a public sector, integrated health services delivery system, ValleyCare's vision is to serve as a national model for enhancing health and providing education to the patients, staff, and community.

ValleyCare received accreditation through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in April 2002. This was the first year that all the County-operated community-based health centers were included in the survey with Olive View-UCLA Medical Center, and they are fully accredited.

On June 26, 2002, the Board of Supervisors voted to instruct the Department of Health Services to prepare Beilenson notices and schedule a Beilenson Hearing to implement the immediate service reductions contained in the Department's recommendations regarding the reconfiguration of the County-operated health care delivery system. These immediate reductions included the closure of eleven County-operated health centers and all four School-Based Health Centers. Gardena High School-Based Center, Kennedy School-Based Center, Pacoima School-Based Center, and Vaughn Street School-Based Center ceased provision of care September 30, 2002.

On October 29, 2002, the County of Los Angeles Board of Supervisors instructed the Department of Health Services to accept the LA Care grant funds and made an adjustment to the Department's appropriation. Effective January 1, 2003, ValleyCare had funding to resume operation of the Vaughn School Based Health Center. No new positions were added to the ValleyCare budget. The grant monies were used to reassign existing staff to the Vaughn School Based Health Center (SBHC). This funding is sufficient to operate the school-based site on a part-time basis, four hours per day, five days per week for one year. There is no guarantee for funding for the 2003-2004 fiscal year.

**B. A brief description of current programs, activities, and accomplishments.**

ValleyCare, in collaboration with the Valley Care Community Consortium, focused on "doable projects" that benefited the community and met concerns identified in the needs assessments. Some of these included:

- Planning and Operations: In the fall of 1997, the not-for-profit hospitals in SPA-2 joined efforts to conduct a community needs assessment. The impetus was not only the SB 697 requirements, but the need for reliable data on the community to assist with planning and program development. During the second triennial community needs

assessment, the not-for-profit hospitals invited community clinics, educational institutions, social service organizations, the local public health office and other community based organizations to provide input for the mandated state needs assessment. During this second assessment, a new component incorporated was an asset-mapping project so that the participating organizations could use the information to support collaborative projects and program development activities.

- Transportation: Health care transportation for low income and uninsured residents presented unique challenges since each patient's needs varied depending on the distance to be traveled, the number of trips required, the number and age of the individuals, consideration for physical disabilities, transportation needs for work or childcare, and if they were "episodic" users versus "chronic" users. A SPA 2 transportation survey was developed and administered that assessed utilization and service gaps for the uninsured. VCCC collaborated with Los Angeles Unified School District's North Hollywood High School's Transportation Academy. The questionnaire was administered by the students to patients in the waiting area of two primary care clinics to determine transportation needs. The information was used to make policy recommendations to transit authorities such as the MTA and other decision-makers.
- System Coordination: An Internet Referral Workgroup was established to develop a prototype Web-based referral for specialty care. The basic scenario allows the primary care provider to submit a specialty referral request to the ValleyCare Referral Center through the Internet utilizing a referral request form standardized in the database. The Referral Center would have the ability to review the request, assign a medical record number, and schedule an appointment. The appointment date would be posted on a secured field of the database accessible to the providers. An appointment notification would automatically be generated and mailed to the patient. After the patient was seen, the specialist consultation or diagnostic procedure results would be entered into the database, allowing quick transmission back to the primary care provider. The system will generate reports on number and types of referrals, provider patterns, and wait times. The goal of the project is to improve the coordination of patient continuity of care through effective communication between public and private primary care providers and Referral Center and specialty care providers. It is in the process of being tested for implementation.
- Quality Management Initiatives: A consultant was hired to identify adult diabetes and asthma indicators common to VCCC partners. Benchmarks, measures, and protocols were established for ongoing coordination. Quarterly reports provide data for information sharing in order to improve treatment processes and outcomes.
- Addressing Barriers to Accessing Health Care: The VIDA project documents the effect of the existing, and sometimes burdensome, financial screening process on appropriate utilization of outpatient services. The financial screening process and its impact on efficient access to outpatient services is perceived as key barrier to care by both VIDA participants and the larger community. The project is an effort to streamline, simplify, and demystify the financial screening process, make care more accessible to patients, and help link them with available coverage options. Based on evaluation outcomes, the County of Los Angeles Department of Health Services implemented a simplified outpatient financial screening process for indigent patients.

- Oral Health Care: The need for affordable dental services far exceeds available capacity. The needs assessment completed in June 2001, identified dental services as a priority area. As a first step in increasing capacity for low-cost dental services, VCCC purchased six dental chairs and two dental x-ray machines with grant funds from Los Angeles County DHS. The dental equipment is in the process of being distributed by Los Angeles County DHS, through an RFP mechanism that was open to VCCC member clinics. To complement the anticipated increase in dental services, VCCC obtained a Kaiser Permanente Health Partnership Award grant to pilot an oral health promotion program, initially targeting pregnant women and parents of young children. It is anticipated that by providing oral health education, screening and services to expectant mothers and mothers of young children, health outcomes will be improved for the woman as well as her children and, the oral health practices of the family.

An award entry was submitted to the National Association of Public Hospitals entitled Valley Care Community Consortium- Building Health Care Partnerships. It was selected to receive the 2003 National Association of Public Hospitals Community and Patient Safety Award. The program was highly regarded by the awards committee.

**C. A demographic description of the constituency served (for hospitals, specific zip code information).**

ValleyCare's catchment area includes all zip codes in the San Fernando and Santa Clarita Valleys. The proposed school based health center is located in Pacoima, California, a suburban, residential community in zip code 91331 and 91340. The people of the community are predominantly low income and uninsured. Pacoima has two public housing projects located in the area of the Vaughn Next Century Learning Center. The service area has been designated as a "primary medical care health professional shortage area" (HPSA) as well as a Medically Underserved Area (MUA).

Pacoima has both a rural and urban feel. Its business community is primarily light manufacturing and small retail shops located in strip malls. One of the largest employers, Price Pfister, relocated much of its manufacturing work to a plant in Mexico, taking many jobs from the community. One fourth of the population receives AFDC/TANF. Approximately half of the adults in the area are unemployed. Most of the housing is over 50 years old. The level of poverty in this community led to the designation of a 1.1 square mile area of Pacoima as an "Empowerment Zone."

The population of Pacoima is nearly 100,000 with 37% of the residents under that age of 19. Some members of the community are recent immigrants from Mexico and South and Central America and have limited English and/or literacy skills. Many have never received preventive health care and only minimal acute or chronic care. An extensive needs assessment of the community, conducted in the last three years, revealed that 83% of the children lived in families that were 200% below the poverty level. A recent survey of the community revealed access to health care and mental health services as two of the most important needs for children. Many of the families, mostly first generation immigrants with many children are living in rental space, garages, and

trailers. Out-of-school barriers include poor health, child abuse, unemployment, gang affiliation, and drug and alcohol abuse, all of which hinder student learning.

Vaughn Next Century Learning Center became a charter school in 1993 and operates as a quasi-independent entity of Los Angeles Unified School District. The school serves 1140 Pre-K to 5<sup>th</sup> grade students (94.9% Hispanic, 5% African-American, 0.1% Asian; 81.9% limited English proficient students, 100% free/reduced lunch). Upon completion of a new building across the street, Vaughn will expand to grade 8 with an additional 500 middle school students.

### **Funding Request**

#### **A. What specific healthcare project/program is UniHealth Foundation being asked to fund?**

ValleyCare Olive View-UCLA Medical Center is requesting funding to maintain clinical services at the Vaughn School Based Health Center (SBHC). By maintaining a school based health center that meets the needs of infants through 12<sup>th</sup> grade, ValleyCare can help fill the gap of unmet health needs of children in the area with a comprehensive school based model. ValleyCare has partnered with Vaughn Next Century Learning Center and Los Angeles Unified School District (LAUSD), using information gathered from needs assessments, to better understand how best to meet the needs of the students and their families from the schools in the target area.

#### **B. What specific health-related need/s is/are being met by this program/project?**

SBHC represent a unique form of care delivery to perhaps some of the most vulnerable, yet important populations: children who attend our schools. The original cohort of SBHC targeted the adolescent age group. These programs sought to address the shortcomings of our health and educational systems' ability to address the "new morbidities" faced by teens, namely violence, unsafe sex, and drugs and alcohol. Unintentional injuries continue to be the leading cause of death for children and youth ages 1 to 19, in particular, motor vehicle accidents.

Due to a variety of reasons, including the reduction of mortality due to firearms, overall deaths to adolescents ages 15 to 19 have fallen significantly since 1991. In 1999, the adolescent birth rate was at a record low, at 29 births per 1,000 young women ages 15 to 17.

Although some indicators of health and preventive practice also show encouraging trends, there are still areas for improvement. The rate of daily smoking is 21% and 14% in high school seniors and sophomores, respectively. Heavy drinking is reported in 30% of 12<sup>th</sup> graders and illicit drug use in 25% of the same age group. This national data should be interpreted with care, since there are known disparities between children living in different socio-economic environments and of different ethnicities.

Another pressing issue, especially in California, is the issue of access to care. An estimated 1.85 million California children were uninsured in 1999. Many (almost 70%)

are felt to be eligible for Medi-Cal or Healthy Families, others would not qualify based on income or immigration status. More striking is the high proportion of children and adolescents who go without regular medical care. National data from 1996 show many school age children do not receive recommended physician visits Latino children, in particular, go without regular care (16%) and the number increases dramatically for those without insurance (29%). Barriers to accessing care range from lack of insurance and difficulty navigating the system to lack of transportation and inconvenient clinic hours.

SBHC operate on the core principle that all children and youth deserve access to quality healthcare regardless of ability to pay. During the late 1990's it became clear that the funding base for SBHC varied by clinic type and provider and was quite vulnerable. Nearly 90% of the California centers do bill outside sources in attempts to recover service delivery costs, with the two largest sources of reimbursement being CHDP (88% of programs bill) and Medi-Cal (78% bill). Despite having the mechanisms to bill, a relatively small amount of SBHC budgets (5-15%) are recovered through third party payers.

Over the years, many factors have created challenges for California's SBHC subsistence. Centers offer universal access and, therefore, serve many children without access to traditional health insurance sources. Managed care, particularly in the context of Medi-Cal, makes it more difficult to collect reimbursements. The inability of SBHC to compete in the managed care marketplace has caused many programs to reduce services. California is one of ten states in the nation that does *not* provide direct state support (fiscal or technical assistance) to SBHC

A cost benefit analysis of three California programs compared the costs of SBHC services with estimated costs in the absence of such clinics. Variables used included reduced inappropriate use of the emergency department, avoidance of pregnancies, and improved detection and treatment of chlamydia. The ratios of savings to costs ranged from \$1.38 to \$2.00 in savings per \$1.00 in costs, suggesting that the SBHC services could be cost effective approaches to care investment.

School-based centers offer a unique venue for services in terms of confidentiality, convenience and integration with educational curriculum for the harder to reach adolescent and school-age group.

### **C. How was the need assessed?**

Not-for-profit hospitals are required by State law to conduct a community needs assessment every three years. Valley Care Community Consortium initially completed a collaborative assessment in 1998 with eleven hospitals and 13 other collaborative partners within the County of Los Angeles Service Planning Area (SPA) 2 communities of the San Fernando and Santa Clarita Valleys contributing data. In November 2000, the not-for-profit hospitals again joined together to conduct a second community needs assessment of the SPA. Questionnaires were distributed to over 160 community

constituents and organizations to assess the priority needs of the targeted population groups, with 94 respondents.

The San Fernando Valley has a population of 1.7 million people with an ethnic breakdown of 47.8% Caucasian, 37.3% Hispanic, 10.85% Asian, and 3.6% African American. Twenty four percent of the population is under 18 years. Within the San Fernando Valley, approximately 470,653 persons are uninsured or 28.7% of the total population. There are approximately 256,467 persons living below the poverty level or 15.7% of the total population.

Fourteen percent of the population within SPA 2 is receiving some type of public assistance. Persons without health insurance had the highest percentage of those having difficulty obtaining needed medical care (58%). Approximately 4,654 medical visits are not provided per month by public and private clinics due to capacity limitations. Waiting times within public and private clinics can range from 7 to 60 days.

Of children ages 0 to 17, there are approximately 137,546 uninsured children in SPA 2. Within the SPA, approximately 24,715 children are enrolled in the Healthy Families Program. Thirteen percent of the infants born were to mothers receiving late or no prenatal care. Common Emergency Department diagnoses for children include: Otitis Media, Upper Respiratory Infection, Fever, Non-specified Viral Infection, Gastroenteritis, and Acute Pharyngitis.

Common themes across all population groups included affordable and portable health insurance, access to primary medical services, and affordable dental care.

The SBHC provide services to the local community within walking distance. The school is viewed as a safe haven in the community that is particularly important among the immigrant populations for which public charge is a major issue of concern.

#### **D. Provide evidence of its importance.**

The vast majority of California's children and youth are in a school setting five days a week, nine months a year. Taking advantage of this fact, SBHC were developed to be readily accessible, comprehensive in services, culturally sensitive, and age appropriate. They provide a means for early on-site diagnosis and intervention, thereby assisting in the goal of reducing inappropriate use of emergency rooms as well as providing chronic disease management.

The Robert Wood Johnson evaluation of their sponsored sites found that students with access to SBHC received significantly more health care and were more likely to have a usual place of healthcare than a sample of urban youth.

SBHC services assist in overcoming barriers to learning, addressing high-risk behaviors, and collaborating in improving student achievement by reducing lost school time. In addition, many centers serve as a critical link to other community and

educational services, thereby allowing even greater access to issues beyond the medical arena.

It is evident that the children in the Pacoima community need and deserve affordable and accessible health care in order to improve their future lives. This project involves maintaining clinical services at the Vaughn Next Century Learning Center for access by the students attending this elementary school as well as seven other adjacent middle and elementary schools. These schools are all Title I schools, operating year-round, multi-track schedule.

### **Key Activities and Measurable Objectives**

#### **A. What do you ultimately hope to accomplish through your program/project?**

The goal of this grant request is to sustain the Vaughn Next Century Learning Center's SBHC operated by ValleyCare to ensure delivery of accessible healthcare to children and youth. Vaughn and ValleyCare coordinate the management of the program to maximize effectiveness. We supplement, not supplant, health services that school personnel are mandated or able to provide. We share information that affects the coordination and improvement of individual student performance. We share information that affects the health and safety of students, staff, and the public such as that involving communicable disease, environmental hazards, and other public health issues. We provide oversight and evaluation of program services through the exchange of reports, data, and information.

County of Los Angeles ValleyCare staff can continue to work with the community to deliver well coordinated services on a school campus that will be accessible to some of the poorest students in the community. Parents will not need to miss work or even make appointments when their children are ill or need immunizations. In keeping with the objectives of the clinic, greater emphasis on early intervention programs, especially mental health issues for young children will be realized. Health education plays a key role in engaging the parents to adopt healthy life styles, encouraging good hygiene and safety among the young children and working with students to prevent high-risk behavior. The services provided through a school based health center will maximize the time children spend in class, assisting in achieving high academic outcomes, thereby minimizing time spent in at-risk behavior.

#### **B. What are the key activities of your program/project?**

The school-based clinics provide comprehensive primary care services for school students and their siblings ages 0-18 years of age. Student access is of primary importance. The presence of the clinic on school grounds minimizes time away from classroom learning as well as ensures that students arrive safely to the clinic and are medically assessed in a timely fashion. Students are seen for both routine and preventive care as well as episodic care.

Clinic services provided include episodic care to students with acute or semi-acute conditions that do not require immediate referral to either a hospital or health center,

urgent care as identified by the assigned clinician, scheduled preventive health services including immunizations, Mantoux testing and reading, and physical exams, follow-up care for previously diagnosed conditions, laboratory services, audio-visual screening focused on non-mandated grade levels, prescriptions, and referrals for specialty services to comprehensive health center, health center or hospital in keeping with District policy including x-rays of chest, extremities, skull, or spine as well as ultrasonography or more sophisticated imaging procedures, and occupational and physical therapy.

Problems such as sore throats, headache, acne, stomach problems, ear infection, and minor injuries are treated on-site. Clinical staff manages some chronic disease and disorders such as asthma or hypertension. Routine physical and CHDP exams are provided including updating immunization records and checking basic hearing and vision. Health education is offered to parents accompanying the child. Children receive age appropriate screens and health education.

The school based health center provides students with required immunizations and TB testing on a walk-in basis. The demand for immunizations is great among new students. County clinic staff and school nurses work closely to send students to the center for needed immunizations so they can start school immediately.

The school based health center has the capability of providing some laboratory diagnostic services including throat culture, hemoglobin, urine dipstick, blood glucose, and pregnancy testing. Samples for more complicated tests such as CBC's or chemistry profiles are collected at the health center site daily by Olive View-UCLA Medical Center laboratory staff for analysis. Laboratory results are accessible via a shared computer system. All necessary prescriptions are filled at no cost through the County operated pharmacy at the San Fernando Health Center.

With the high demand for mental health services, students have access to an age appropriate psychosocial assessment. The collaboration with Vaughn Next Century Learning Center includes psychosocial risk assessment, crisis intervention, and individual/group/family counseling for issues that may include suicide prevention, substance abuse, pre-runaway conflict, physical and/or sexual abuse, eating disorders, grief and depression, and family dysfunction. Families are assisted in obtaining necessary counseling when appropriate. School and clinic staff work collaboratively in identifying and assisting students with mental health and behavior problems and closely coordinate with practitioners and health educators. Clinical staff assists in the coordination of all of the mental health services required. Upon completion, the new middle school site will provide the needed facility for a mental health center.

The health center is committed to educating students about risky behavior in order to promote health and wellness. Students are educated to take care of and respect their bodies. The range of education programs helps students to understand the risk and consequences of unhealthy behavior and helps them develop the ability to resist peer



pressure and avoid risk-taking behavior. Health education is also provided to the parents.

Patients who require more comprehensive primary care services or have complex problems are referred to the adjacent County operated San Fernando Health Center or Olive View-UCLA Medical Center. All referrals are coordinated with the family and tracked through the ValleyCare Referral System.

**C. What evidence supports the efficacy of the proposed intervention?**

SBHC deal with health in its most comprehensive definition. One method of preventing the spread or occurrence of communicable, contagious, and infectious diseases is ensuring that all students and their families have access to proper health care services as provided by school based health centers and/or local community clinics.

Over one-third of the adolescent girls in this community are overweight and many are obese leading to an increased risk of cardiovascular disease, diabetes, and cancer in later years. Census data identifies diabetes as a major cause of death among adults. One fourth of the families surveyed door to door indicated that they had respiratory problems from either asthma or frequent colds. Teachers reported that students entering the fifth grade lacked the muscle coordination and endurance needed to pass the California Physical and Health Related Fitness Test. As a result, more than half of the boys and two-thirds of the girls pass only two of the four test areas successfully. Health education and early intervention will be stressed to the children and their parents.

Schools report that 30% of the students delay entering kindergarten because of lack of up to date immunization status. Less than 50% of children are fully immunized by 2 years of age. Although CHDP exams are provided by the school district, many students do not receive the exams.

A 1997 survey of 350 Pacoima families indicated that the majority of families relied on county hospital health centers for care and that 35% had no health insurance at all. Families under-utilized a number of existing programs such as Medi-Cal and Healthy Families and still relied on emergency rooms for care. Families eligible for Medi-Cal are required to complete many tedious forms, understand sophisticated jargon, and comply with verification requirements. If they do not, or cannot, choose a provider, they are randomly assigned to one, and many are unaware of where to seek treatment when needed. To help combat this issue, school based staff will screen patients for eligibility and provide referrals for health insurance resources

**D. What are the measurable objectives of your program/project?**

There are several key activities included in this project with specific measurable objectives.

- In the area of treatment, the Vaughn School Based Health Center will provide

access to medical services to under/uninsured populations for 1000 patient visits per year as documented by patient visit data reports.

- In the area of prevention the Vaughn School Based Health Center will provide clinical services such as immunizations and screenings for 1000 patient visits per year as documented by patient visit data reports.
- In the area of health education the Vaughn School Based Health Center will provide information on health education topics to 1000 patient visits per year as documented by patient visit data reports.
- In the area of referrals Vaughn School Based Health Center will provide necessary referrals to specialty, ancillary, and dental/vision services as documented by the Referral Tracking process.
- In the area of enrollment and outreach Vaughn School Based Health Center will maximize revenue through identification and enrollment of eligible children into the Medi-Cal and Healthy Families programs as well as maximize revenue through identification of children eligible to CHDP physicals as documented by statistical reports.

**E. What are your evaluation indicators and benchmarks for success? How will you determine if your project has accomplished its ultimate objective?**

Program evaluation will be based on patient visit data, patient and school district satisfaction surveys, and successful reimbursement of costs to the County from billing of applicable patient resources. The ultimate goal is to improve access to medical and mental health services and health education information that results in children and youth who are physically and mentally healthier and who engage in fewer high-risk behaviors.

**F. What is the timetable for implementation of your program/project?**

The Vaughn School Based Health Center is currently funded to operate through January 2004. A UniHealth Foundation grant would provide funding for clinical services effective February 1, 2004 through January 31, 2007.

**G. Discuss the program/project's risks and limitations. What are the obstacles to success?**

Students need all the opportunities available in order to achieve appropriate grade-level academic success. This includes addressing assimilation issues such as language barriers and cultural barriers and access to healthcare that impede the child's progress. Healthy children learn better.

A critical risk would be ValleyCare's inability to maintain the operations of the School-Based Health Center after January 2004. To have any substantive value, the program must have funding to sustain its objectives. This funding will enable it to achieve maximum benefit over the long-term for students.

**H. Describe any agencies with which you may be collaborating.**

Ongoing collaboration with local Los Angeles Unified School District (LAUSD)

Organization Facilitators will assist to maximize student and family access to services. We will continue to work with LAUSD through school-based provider meetings and their Office of Integrated Health Partnerships to improve systems for identifying and enrolling eligible families into the Medi-Cal/Healthy Families programs, thereby increasing the opportunity for reimbursements from the State. Staffing for a half-time Patient Financial Services Worker will facilitate this enrollment process.

ValleyCare participates in a leadership role in the LAUSD Resource Coordinating Council, serving as the co-chair of the executive committee, in the effort to expand health services to the children in District B. ValleyCare has established linkages with numerous service systems to provide a continuum of appropriate services to address the needs of families. ValleyCare, as part of the County of Los Angeles Department of Health Services, directs the public private partnership program within the community and co-chairs the Valley Care Community Consortium, a highly organized collaboration of multiple agencies, both public and private, working to improve the health of the community.

Since becoming a charter school, Dr. Yvonne Chan has involved the community in the daily administration of the school and has had tremendous success in improving the academic outcomes of the students. She raised over \$3 million in public and private funding for new facilities, arranged teaching linkages with universities, created a science lab, computer lab, new library, childcare center, and special education programs. She has converted part of the administration building into a community services center, has a clothes closet, provides space for an asthma outreach program, parent education, and many other services. One of her highest priorities is the continuation of the school based health center.

The school understands the neighborhood culture and families feel comfortable getting medical services on the campus. ValleyCare is a major provider of primary care for children and adolescents in the San Fernando and Santa Clarita Valleys and has developed strong collaborative relationships with other community agencies. These two entities have formed a strong partnership bringing their individual skills together to provide for the health needs of this community

Vaughn furnishes the necessary space for provision of clinical services including all necessary janitorial services, utilities, and telecommunications. Additionally, Vaughn retains support services personnel including a school nurse for three days per week, a registered nurse for two days per week, a medical assistant for five days a week, a health aide for five days a week for one to one special education purposes, a speech and language specialist for 1.5 days per week, two psychologists 2.5 days per week, a school counselor five days per week, a case manager and two family advocates five days per week, and an audiometrist and audiologist two times per year.

**I. Provide the following information in chart form: (1) key activities; (2) measurable objectives; (3) evaluation indicators; (4) timeline.**

<b>Key Activities</b>	<b>Measurable Objectives</b>	<b>Evaluation Indicators</b>	<b>Implementation Timeline</b>
Treatment	Provide access to care to 1000 patient visits per year	Patient visit data reports.	February 1, 2004 through January 31, 2007
Prevention	Provide preventive clinical services to 1000 patient visits per year.	Patient visit data reports.	February 1, 2004 through January 31, 2007
Health Education	Provide health education to 1000 patient visits per year.	Patient visit data reports.	February 1, 2004 through January 31, 2007
Referrals	Provide necessary referrals to specialty, ancillary, and dental/vision services.	Referral tracking logs.	February 1, 2004 through January 31, 2007
Outreach & Enrollment	Maximize revenue through identification and enrollment of eligible children into the Medi-Cal and Healthy Families programs.  Maximize revenue through identification of children eligible to CHDP physicals.	Statistical reports.  CHDP physical report data.	February 1, 2004 through January 31, 2007

**Staff**

**A. Describe key staff/volunteers and their role/s.**

In the current model, the Vaughn School Based Health Centers operates four hours per day, five days per week. The part-time staff includes a pediatric Physician specialist trained in family planning or a Nurse Practitioner as well as a Clinic Nurse I, a Nursing Attendant I, and an Intermediate Typist Clerk. The specific roles for each of these positions are described in the budget section below.

**B. Explain in detail any new staffing requirements and your strategy for filling new positions.**

No new positions are required.

**C. Will you be using consultants? If yes, in what capacity?**

No consultants will be utilized.

## **Evaluation**

### **A. Outline a specific evaluation plan based upon the project's measurable objectives and expected results. How will you document and track the progress of your program and the change in outcomes?**

Patient visit data reports are maintained through the Quadramed Affinity program. All patients are arrived to the clinic via this automated process. The system can be queried for specific visit and demographic data based on age, diagnosis, and other required tracking indicators. This data will be used to determine the number of patient visits for treatment and prevention.

While referral logs are currently maintained, an automated Web-based referral system will be implemented in the last quarter of 2003 that will supplant the manual tracking process for referrals to specialty services. This process tracks the number of referrals, the specialty required, the wait for an appointment, and the service outcomes.

In the agreement with LAUSD, no patient can be charged for services. However, all patients are evaluated for eligibility to potential resources such as Medi-Cal, Healthy Families, and CHDP. Those eligible are assisted by staff at Olive View-UCLA Medical Center to apply for benefits in order to maximize reimbursements.

Vaughn Next Century Learning Center will track attendance records in order to evaluate the impact of on-site clinical access in improving classroom time while meeting student's healthcare needs.

### **B. Who will be responsible for the evaluation? How will you document and track the zip codes of residents served (Hospital Fund only)?**

Carla Niño will be responsible for providing data for program evaluation.

Patient zip codes are a routine component of the demographic information entered into the Affinity Information System and will be a part of the query reports.

### **C. What is the timeline for your evaluation?**

Patient visit data reports will be maintained on a monthly basis and can be reported at whatever intervals required by UniHealth Foundation.

## **Budget**

### **A. Submit a separate line item project budget that includes only those costs attributed directly to the proposed program/project.**

#### **BUDGET FOR CLINICAL SERVICES**

<b>Personnel FTE</b>	<b>Classification</b>	<b>Annual Salary</b>
0.6	Physician Specialist	\$ 40,352.14
0.2	Nurse Practitioner	10,311.20

0.5	Clinic Nurse I	37,051.32
0.5	Nursing Attendant I	14,948.78
0.5	Intermediate Typist Clerk	19,284.72
<b>Personnel Sub-Total</b>		<b>121,948.16</b>
<b>Benefits</b>	25.28% of salaries	30,828.49
<b>Personnel Total</b>		<b>152,776.65</b>
<b>Supplies &amp; Services</b>	7% of total personnel	10,694.36
<b>ANNUAL TOTAL</b>		<b>\$163,471.01</b>

**Submit a budget narrative that provides a brief description or justification of each line item.**

The ValleyCare SBHC is efficiently and economically managed. Based on patient visits and total expenditures for salary and supplies and services in the 2001-2002 fiscal year, the cost per patient visit averaged \$81.50 as compared to \$150 per visit in a community-based health center.

Identified staff is responsible for the following tasks:

Physician Specialist/Nurse Practitioner – This position is responsible for primary medical care for patients including complete physical exams with ordering, interpreting, and evaluating diagnostic tests and exams as well as initiating drug therapy as indicated. Conducts chart and case reviews. Assists and augments patient education, including dietary and explanation of patient's current illness and therapy.

Clinic Nurse – This position is responsible for reviewing patient charts to determine the purpose of patient's visit and prepares patients for examination or treatment by checking vital signs, arranging charts, supplies, equipment and instructions. Interviews patients to obtain medical history data, observes patient's conditions, and takes appropriate nursing action as needed. Provides nursing care to patients and administers treatment and medications prescribed by the clinician.

Nursing Attendant – This position is responsible for setting up clinic examination rooms, assisting the clinician or nurse in clinic examinations and treatment by escorting, positioning, and draping patients. Prepares patient charts, x-rays, lab results, instruments, and equipment. Performs prescribed range of technical nursing tasks as directed such as collecting urine, stool and sputum specimens, CLIA testing, and taking and recording vital signs. Maintains, cleans, and sterilizes equipment.

Intermediate Typist Clerk – This position is responsible for arriving the patient into the clinic and completing all necessary paperwork. Updates patient data in the computer,

verifies patient's address and phone at each visit, gives new patient's written information, screens for financial resources, and schedules appointments.

Supplies and Services – This line item represents the cost of all necessary supplies and services to provide effective, efficient clinical treatment.

**If you are requesting partial funding from UniHealth Foundation, explain how you will complete the funding of the program/project.**

Vaughn will provide the following programs/services, totaling \$204,875.54 per school year (based on 2002-2003 audited records):

**Personnel**

School Nurse (contract with LAUSD), 3-day per week	\$48,846.40
Pediatric Nurse, 5-day per week	\$34,905.14
Medical Assistant, 5-day per week	\$17,920.00
Custodial services	\$ 8,960.00
Inkind Administrative costs (Principal time)	<u>\$ 5,000.00</u>
	\$115,631.54

**Facilities**

Clinic (18,000 sq ft of space), construction/mortgage	\$23,856.00
Routine repair & maintenance (charged by LAUSD)	\$57,240.00
Utilities, phone line, fax line	\$ 3,588.00
Liability insurance	<u>\$ 4,560.00</u>
	\$89,244.00

**Programs and services from Vaughn Learning Center:**

- Develop appropriate health curriculum for elementary, middle and high school students.
- Provide teacher and parent training on child development in cooperation with UCLA.
- Provide small group training for parents on parenting skills in cooperation with Mission College and On-the-Job Parenting.
- Prepare high school students who are interested in the human services fields including education and health care with knowledge and skills pertaining to these fields.
- Utilize technology to integrate educational and health service information and delivery in partnership with federal, state, and county entities that are implementing new initiatives.
- Offer one-on-one consultation to families by our full time School Psychologist, School Counselor, Case Manager, and Special Education Team.
- Disseminate health information taking into consideration of cultural sensitivity, neighborhood assessment, and individual needs.

**B. Explain how you will sustain the program/project beyond the life of UniHealth Foundation's funding, as well as your hospital/agency's history of maintaining programs.**

In addition to obtaining grant funding for operational expenses over a three-year period, we will develop a reimbursement process for Medi-Cal managed care members within LA Care Healthy Kids, universal health coverage for children via Proposition 10 Commission and LA Care funding mechanism as well as maximizing reimbursements from Child Health Disability Prevention (CHDP) program and Family PACT State funding.

**Attachments**

- A. List the Board of Directors with information regarding how often the board meets and attendance information. (For hospitals applying in partnership with nonprofit agencies, provide Board information for the hospital and each agency.)**
- B. Audited financial statements (In the case of hospital foundations, provide BOTH the foundation and hospital audits. For collaborations, provide audits for each agency.)**
- C. For hospitals, a copy of your most recent Community Benefit Plan.**
- D. Copy of the most recent IRS letter regarding your agency's tax exempt status 501( c)(3) document and most recent tax return (Form 990).**
- E. An electronic copy of your proposal on diskette.**
- F. If you wish, relevant newspaper or magazine articles, etc.**

**Please return you proposal to:**  
Grants Administrator  
UniHealth Foundation  
5959 Topanga Canyon Blvd., Suite 390  
Woodland Hills, CA 91367